

Alternative Payee Enrollment Form

To be completed by persons who were assigned retirement benefits from an ATRS participant's account in a Qualified Domestic Relations Order (QDRO).

Social Security Number _____ - _____ - _____

Name (*Last, First, Middle*) _____

Maiden Name (*If applicable*) _____

Mailing Address _____

City _____ State _____ Zip _____

☐ Male ☐ Female Date of Birth _____

Telephone Number Work () _____

Home () _____

Email Address _____

Have you ever been a participant in ATRS? ☐ Yes ☐ No

Name of Former Spouse (*Last, First, Middle*) _____

Former Spouse's Date of Birth _____

Former Spouse's SSN _____

Signature _____ Date _____